Personality Disorders- Dependent

DSM-IV-TR Diagnostic Code: 301.60 Dependent Personality Disorder

Diagnostic Guidelines:

1. Establish diagnostic accuracy as defined in DSM-IV-TR/ICD-9.

2. Identify differential diagnoses and co-morbid problems. Individuals with Dependent Personality Disorder are vulnerable to depression and dysthymia (Millon, 1996, p181), anxiety disorders, phobic disorders, somatoform syndromes and dissociation disorders (Millon & Davis, 1996, pp340-341). Dependent Personality Disorder is often co-morbid with Borderline Personality Disorder, Antisocial Personality Disorder and Histrionic Personality Disorder.

3. Establish accurate diagnosis through continued assessment of diagnosis over time as these individuals typically present with complaints of anxiety, tension or depression (Turkat, 1990, p87).

4. Obtain external corroboration of diagnosis when possible through review of past treatment history, legal history, as well as family and support system involvement.

5. Review previous treatment episodes to determine efficacy of treatment interventions and therapeutic gains.

Treatment Guidelines

1. An important early therapeutic task is the clinician's acceptance that the client does not usually perceive that dependency upon others is problematic; i.e., they like being dependent (Kantor, 1992, p177). The clinician's support of the client's individuation from others should include practical issues such as jobs and housing.

2. The most effective psychotherapeutic approach is one which focuses on solutions to specific life problems the client is presently experiencing. Long-term therapy, while ideal for some personality disorders, is contraindicated in this instance since it reinforces a dependent relationship upon the clinician. While some form of dependency will exist no matter the length of therapy, the shorter the episode of treatment, the better. The length of treatment and the boundaries under which treatment will occur should be clearly presented at the onset of therapy.

3. The clinician should provide reassurance and convey an impression of being available and accessible to the client but should be careful to explain the appropriate times and needs for contacting the clinician between scheduled

appointments. The clinician can provide help in other ways, e.g., coordinating support services and instituting flexible appointment scheduling, in which the client assumes some responsibility for establishing the timing of appointments.

4.

5. The clinician must be especially alert to the possibility of abuse of anxiolytics, especially sedative-hypnotics (e.g., benzodiazepines). In general, psychoactive drugs should only be prescribed for clear target symptoms. When prescribed, such medications should be limited and carefully monitored (Sperry, 1995, pp93-94).

6. The client's faulty cognitions and related emotions such as lack of self-confidence and autonomy versus dependency should be examined. Assertiveness training and other behavioral approaches such as Dialectical Behavioral Therapy have been shown to be most effective in helping treat individuals with this disorder. Clients with this condition tend to improve with supportive, insight-oriented individual or group therapy, although it is important that the group does not become another means of forming unhealthy dependent relationships.

7. Clinicians treating these clients must guard against "burnout" and the hostile rejection that may be aroused by these clients' strong dependency needs. Clients with this disorder may initially appear as easy to treat due to their tendency toward being overly-compliant and eager to please. As time goes on, the client’s discomfort or disagreement with treatment is likely to be expressed as missed appointments or forgetting to complete assignments (Beck & Freeman, 1990).

8. A concern in the treatment of dependent personalities occurs when the clinician challenges a pathological but dependent relationship. This should be avoided early in treatment. Great respect must be shown for a dependent client's feelings of attachment, with the understanding that these clients will meet unreasonable demands and submit to abuse or intimidation to avoid abandonment (Millon, 1981, pp107-108).

9. .

10. Termination of therapy with a person who has this disorder is an important issue to consider. The goal is to end a relationship in a mutually agreed-upon time and manner. The client should be reinforced for the positive gains made in therapy and encouraged to explore his/her new-found autonomy or improved management of anxious feelings. The therapist should also be flexible and allow the client to return to therapy as needed to help the client terminate treatment without feeling abandoned or isolated.

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